

LO5000071138

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

(Business Entity Name)

(Document Number)

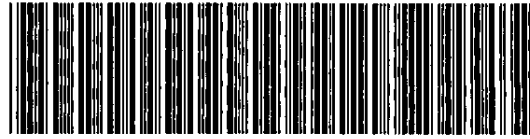
Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

RA

Office Use Only

B. KOHR  
DEC 11 2012  
EXAMINER



500242541745

12/10/12--01025--027 \*\*25.00

FILED  
12 DEC 10 PM 3:01  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: VANDERLINDE PHYSICAL THERAPY, LLC  
Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

FILED  
12 DEC 10 PM 3:01  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

RALPH VANDERLINDE

Name of Person

VANDERLINDE PHYSICAL THERAPY

Firm/Company

9070 KIMBERLY BLVD , SUITE 24

Address

BOCA RATON, FL 33434

City/State and Zip Code

VDLPT9050@aol.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

RALPH VANDERLINDE at ( 561 ) 482-6900

Name of Person

Area Code & Daytime Telephone Number

**STREET/COURIER ADDRESS:**

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, Florida 32301

**MAILING ADDRESS:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

**Enclosed is a check for the following amount:**

\$25 Filing Fee

\$55 Filing Fee & Certified Copy

